3rd Annual Lucky Shamrock 5K Registration Form

Event Date: March 20, 2004

Last Name	First N	ame M.I.		Birth Date		
Address						
City		State		Zip		
Day Phone		Evening Phone			Email	
Please check the appro	opriate box for your	age & catego	ory at the time	e of the race:		
□Male □Female	□14&Under □41-45	□15-18 □46-50	□ 19-25 □51-55	□ 26-30 □56 – 60	□ 31-35 □ 61 & Over	□36-40
Participants will receive Please indicate size:		ng sleeve T-s □XL	hirt if registr	ations are rec	eived by March	5.
In consideration of the permassociated activities sponsor Recreation Department, the claims or demands and all li- the proper steps to provide a Department sponsored activ- read the policies pertaining involved in these activities. all its terms and execute it we photographs and videotape opurposes (no names will be	rission granted, I hereby gred by the Fauquier Count County of Fauquier, the lability which might be in medical attention should tity and I hold said officianto cancellations, refunds, I assume these risks real coluntarily and with full kept the above mentioned p	grant permission ty Parks & Recr Town of Reming the curred during the participant be and the Fauquizing the capabilizing the capabilities of its erson and person	for the person reation Department of the conduct of the cons, as pertain to the conduct of the person of the person of the person of the conduct of the cond	ent. I further rele employees, and v s activity. I furth participating or b as & Recreation I to the activity. I a on participating. alless otherwise neents, classes and	participate in the pro- case the Fauquier Co- volunteers from all a cr authorize Departi- eing transported to Department harmles acknowledge the ris I have read this rel- oted, I hereby give p	ounty Parks & action, damages, ment officials to or from any as therefore. I have and responsible ase and understapermission for
Signature (Parents singular si	d registration form othern Region, AT	and check	or money or		Date	

*Register at any Staffed Parks and Rec. Facility